Effective on 12/08/2004.	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	1 1' ' NT 1			
FEE TRANSMITTAL	Application Number	10/534,079		
For FY 2009	Filing Date 11/14/2005 First Named Inventor Mark Theodoor			
	2 7			
Applicant claims small entity status. See 37 CFR 1.27	1610		ark	
TOTAL AMOUNT OF DAVIAGENT (#) 120 00	1111 01111		1400	
TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attorney Docket 0470 - 051409			
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order Other (please identify):				
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
FILING FEES SEARCH	FEES EXAMINA	ATION FEES		
Small Entity Sma	<u>II Entity</u> <u>S</u>	nall Entity		
	<u>ee (\$)</u> <u>Fee (\$)</u>	Fee (\$)	Fees Pa	<u>id (\$)</u>
Utility 330 82 540	270 220	110		
Design 220 110 100	50 140	70		
Plant 220 110 330	165 170	85		· · · · · · · · · · · · · · · · · · ·
Reissue 330 165 540	270 650	325		
Provisional 220 110 0	0 0	0		-
2. EXCESS CLAIM FEES				Small Entity
Fee Description Fee (\$)				Fee (\$)
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220			26 110	
Each independent claim over 3 (including Reissues)			390	195
Multiple dependent claims	e) Foo Boid (C)			pendent Claims
Total Claims - 20 or HP Extra Claims Fee (<u>See Paid (S)</u>		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.			100(0)	20071114(0)
Indep. Claims -3 or HP Extra Claims Fee	(\$) Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.	=			
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.				
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
				Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =				
(-)				Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)				100.00
Other (e.g., late filing surcharge): Petition for One-Month Extension of Time 130.00				
SUBMITTED BY /				
Signature Will Landen	Registration No.		Telephone 41	2-471-8815
Name (Print/Type) William H. Logsdon (Attorney/Agent) 22,132 Telephone 412-4/1-881				